

**CONFIDENTIAL FUNDS  
DEPARTMENTAL TIME AND ATTENDANCE**

1. EMPLOYEE NAME

NUMBER

4. REMARKS

5. LEAVE BALANCES BROUGHT FORWARD FROM PRIOR P  
LEAVE ACCRUED DURING THIS REPORTING PERIOD  
AGGREGATE OF LEAVE AVAILABLE DURING THIS PE

7. INC. HRS.		D A Y	8. TIME WORKED						9. INC. HRS.	
IN	OUT		R/T	N/D	O/T	H/T	C/T	OTHER	OUT	I
		S								
		M	8							
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11. PAY PERIOD TOTALS

160

12. COMPENSATORY TIME

BALANCE BROUGHT FORWARD

WORKED THIS PAY PERIOD

TOTAL FOR THIS PAY PERIOD

USED THIS PAY PERIOD

PAID THIS PAY PERIOD

BALANCE AT END OF THIS PAY PERIOD

13. BALANCES AT CLOSE OF TH

W.O.P. TOTAL FOR LEAVE YEAR TO END OF

W.O.P. TOTAL FOR LEAVE YEAR TO END (

\* CERTIFICATION FOR SICK LEAVE

I CERTIFY THAT THIS ABSENCE WAS DUE  
WHICH INCAPACITATED ME FOR DUTY.

KEY: R/T - REGULAR TIME      O/T - OVERTIME      H/T - HOLIDAY TIME      S/L - SICK LEAVE  
N/D - NIGHT DIFFERENTIAL      C/T - COMPENSATORY TIME      A/L - ANNUAL LEAVE      LWOP - LEAVE WITHOUT PAY

REPORT				A/L Bal at Beg of current Ly Yr hrs			
2. PAYROLL PERIOD				3. S.C.D.			A L A
				MO.	DAY	YR.	
PERIOD				SICK	ANNUAL	6. TOUR OF DUTY	
RIOD							
S. N	D A Y	10. TIME ABSENT					INITIALS
		C/L	LWOP	SICK	ANNUAL	OTHER	
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IS PERIOD					TEL.		
PRIOR PERIOD		14. CERTIFIED CORRECT					
OF THIS PERIOD							
E TO ILLNESS		(SUPERVISOR OR TIMEKEEPER)					
C/L - COMPENSATORY      ALA - ANNUAL LEAVE ACCRUAL OUT PAY      LEAVE      SCD - SERVICE COMPUTATION DATE							